

EXECUTIVE SUMMARY





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Message to the Community

Improving the health of western Pennsylvanians is not only in the best interest of our communities and the region, but also the purpose of the West Penn Allegheny Health System (WPAHS). In order to improve the health of western Pennsylvanians, we need to understand their health needs. To gain a better understanding of these needs, Allegheny General Hospital (AGH) conducted a community health needs assessment (CHNA) in 2012-2013 in collaboration with the other West Penn Allegheny hospitals. Integral to the AGH needs assessment was the participation and support of community leaders and representatives. Through steering committee participation, stakeholder interviews and focus groups, these individuals, representing a broad spectrum of perspectives, organizations and fields, generously volunteered their time and shared invaluable insight. West Penn Hospital thanks you for your support and participation! The AGH needs assessment was and continues to be a collaborative effort, with the communities AGH serves at the core.

The AGH 2013-2013 CHNA is described in a full report that meets the requirements of the new Patient Protection and Affordable Care Act for state licensed tax-exempt 501(c) (3) hospitals. The report identifies health issues and needs in the communities AGH serves. In addition, the report provides critical information to AGH and others in a position to make a positive impact on the health of our region's residents. The results of the CHNA enable AGH, along with other community agencies and providers, to set priorities, develop interventions and direct resources to improve the health of people living in western Pennsylvania.

This document contains the Executive Summary of the full AGH 2012-2013 CHNA report. This summary and the comprehensive data in the full CHNA report will serve not only as a useful community resource, but also encourage and catalyze additional activities and collaborative efforts to improve community health.



Purpose is to improve the health of the people in the Western Pennsylvania region

Executive Summary of Allegheny General Hospital 2012-2013 CHNA Report

The new federal Patient Protection and Affordable Care Act requires state licensed tax-exempt 501(c) (3) hospitals to perform a community health needs assessment (CHNA) every three years and to find ways to meet the outstanding needs identified by the assessment.

The goal of AGH 2012-2013 CHNA was to identify the health needs and issues of the AGH service area. The primary AGH service area includes selected zip codes in Allegheny and Butler counties.

This Executive Summary outlines the process and outcomes of the AGH 2012-2013 CHNA as documented in the full report. It is intended to serve as a valuable overview for public health and healthcare providers, policy makers, social service agencies, and community groups and organizations, such as religious institutions, businesses, and consumers, who are interested in improving the health status of the community and region.

This Executive Summary includes the following sections: Methods, Key Findings, and Strategy Development/Implementation.

Allegheny General Hospital has made its full 2012-2013 CHNA report publically available. It can be accessed [<here>](#)





METHODS

To assist with the CHNA process, AGH retained Strategy Solutions, Inc., a planning and research firm with an office in Pittsburgh, whose mission is to create healthy communities. The process for the CHNA followed best practices as outlined by the Association of Community Health Improvement Toolkit.

The CHNA process was also designed to ensure compliance with the Internal Revenue Service (IRS) CHNA guidelines for charitable 501(c) (3) tax-exempt hospitals.

For its 2012-2013 CHNA, AGH formed a hospital-specific steering committee that consisted of:

- Community leaders representing the broad interests of the community as well as underserved constituencies
- Individuals with expertise in public health
- Physicians
- Internal system and hospital leaders and managers

The steering committees met five times between July 2012 and April 2013 to provide guidance on the various components of the CHNA.

This CHNA process was designed to examine the following areas in detail:

- * Demographics
- * Access to Quality Healthcare
- * Chronic Disease
- * Healthy Environment
- * Healthy Mothers, Babies and Children
- * Infectious Disease
- * Mental Health and Substance Abuse
- * Physical Activity and Nutrition
- * Tobacco Use
- * Injury



Definition of Community

Consistent with IRS guidelines at the time of publication, AGH defined community by geographic location, specifically, by location as the zip codes in Allegheny and Butler counties that comprise AGH’s primary service area:

Zip Code	Community	Zip Code	Community
15007	Bakerstown	15136	McKees Rocks
15015	Bradfordwoods	15143	Sewickley
15044	Gibsonia	15202	Pittsburgh/Bellevue
15056	Leetsdale	15204	Pittsburgh/Corliss
15086	Warrendale	15205	Pittsburgh/Crafton
15090	Wexford	15209	Pittsburgh/Millvale
15101	Allison Park	15212	Pittsburgh/North Side
15106	Carnegie	15214	Pittsburgh/Observatory
15108	Coraopolis	15216	Pittsburgh/South Hills
16116	Edinburg		



Qualitative and Quantitative Data Collection

Primary (qualitative) data were collected specifically for this assessment from information presented in:

- 18 community focus groups (of which six specifically relate to AGH) and
- 31 in-depth stakeholder interviews (of which 18 specifically relate to AGH)

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise about the health of a specific population group or issue, a specific community or the region overall.

Secondary (quantitative) data collected included demographic and socioeconomic data, collected from the following sources:

- Nielsen/Claritas via Truven Health Analytics (<https://truvenhealth.com>)
- Pennsylvania Departments of Health and Vital Statistics
- Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention
- Healthy People 2020 goals from HealthyPeople.gov
- Selected inpatient and outpatient utilization data as indicators of appropriate access to health care were obtained from WPAHS Decision Support and from the Pennsylvania Health Care Cost Containment Council (PHC4) via Truven Health Analytics
- US Department of Agriculture, the Pennsylvania Department of Education, and the County Health Rankings (www.countyhealthrankings.org).

Interviews and focus groups captured personal perspectives

Data Analysis

The primary and secondary data were analyzed to identify distinct issues, needs and possible priority areas for intervention.

KEY FINDINGS

Key findings of the AGH 2012-2013 CHNA are summarized in this section. For complete findings, please see the full AGH 2012-2013 CHNA Report.

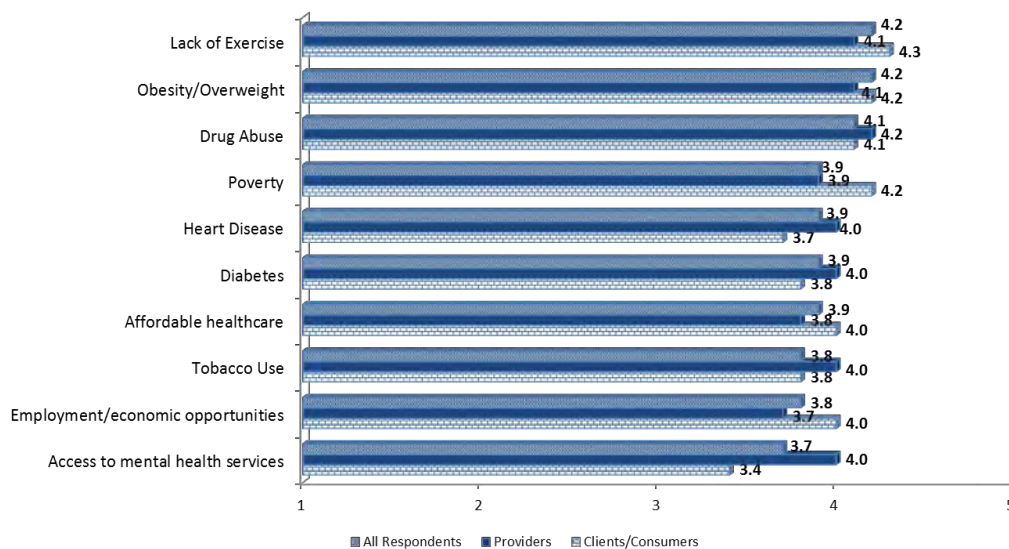
Primary (Qualitative) Research Results

Although data were collected from 31 interviews and 18 focus groups from across the region with various community constituencies, researchers used a convenience sample and participants are not representative of the population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Participants of the focus groups were classified as clients and consumers or as providers (which included professionals representing a particular population or area of expertise).

Using an electronic polling system, focus group participants rated the extent to which a list of possible issues was a problem in the community. Derived from the health indicators explored for the assessment including access, chronic disease, healthy environment, healthy mothers, babies and children, infectious disease, mental health and substance abuse, physical activity and nutrition, tobacco use and injury, the list of possible issues was extensive. All items were rated on a five point scale where five=very serious problem, four=serious problem, three=somewhat of a problem, two=small problem, one=not a problem. Out of the extensive list of issues considered, the highest rated problems identified across all groups are:

Allegheny General Hospital Top 10 Community Health Issues
1=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem,
2=Small Problem, 1=Not a Problem
N=95



The health issues of greatest concern to focus group participants were discussed in greater depth. Similar to focus group participants, stakeholders interviewed discussed their perceptions of health needs and this group also identified chronic conditions as well as transportation and other underlying socioeconomic determinants of health as of greatest concern.

For a more detailed description of focus group discussion and stakeholder interviews, refer to the full CHNA report.

Secondary (Quantitative) Research Results (Demographics, Behavioral Risk Factor Surveillance Survey, and Public Health Data)

The secondary (quantitative) research results that were analyzed for this report included demographics, Behavioral Risk Factor Surveillance Survey (BRFSS) results and disease incidence and mortality indicators. More specifically, detailed analysis in the following areas was performed:

- access to quality healthcare
- chronic disease
- healthy environment
- healthy mothers, babies and children
- infectious disease
- mental health and substance abuse
- physical activity and nutrition
- tobacco use
- injury.

The service area data was compared to state and national data where possible for this analysis.

Tables on the following pages highlight key findings, for Allegheny and Beaver/Butler counties. The first two tables show BRFSS data for (BRFSS reports combined data for Beaver/Butler counties; Butler is the only county in the AGH primary service area, however, it is reported with the other county due to this limitation of the data) The next two tables show public health data. The last table shows other indicators.

The comparisons of AGH service area data with state and national data show the region's data to be comparable to state data, with some slight variability, as indicated by the color coding.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

BRFSS findings for Access, Chronic disease

	Allegheny 2008-10	Beaver, Butler 2008-10	PA 2008-10	US 2010	HP 2020 Goal	PA Comp	US Comp	HP 2020 Comp
Behavior Risk ACCESS								
Reported Health Poor or Fair	14.0%	14.0%	15.0%	14.7%		-	-	
Physical Health Not Good for 1+ Days in the Past Month	36.0%	36.0%	37.0%			-		
Poor Physical or Mental Health Preventing Usual Activities 1+ Days in the Past Month	21.0%	20.0%	21.0%			-/+		
No Health Insurance (Age 18-64)	12.0%	14.0%	13.0%	17.8%	0%	+/-	-	+
No Personal Health Care Provider (Age 18-64)	24.0%	20.0%	17.0%		16.1%	+		+
Routine Check-up Within the Past 2 Years	83.0%	81.0%	83.0%			-/+		
Needed to See a Doctor But Could Not Due to Cost, Past Year	10.0%	10.0%	11.0%		4.2%	-		+
CHRONIC DISEASE								
Adults Who Were Ever Told They Have Heart Disease- Age 35 and older	6.0%	6.0%	7.0%	4.1%		-	+	
Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older	6.0%	7.0%	6.0%	4.2%		+/-	+	
Adults Who Were Ever Told They Had a Stroke- Age 35 and older	3.0%	3.0%	4.0%	2.7%		-	+	
Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older	11.0%	12.0%	12.0%			-/+		
Overweight (BMI 25-30)	35.0%	38.0%	36.0%	36.2%		+/-	+/-	
Obese (30-99.99)	28.0%	25.0%	28.0%	27.5%	30.5%	-/+	+/-	-
Adults Who Were Ever Told They Have Diabetes	9.0%	9.0%	9.0%	8.7%		=	+	

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

BRFSS findings for Environment, Infectious disease, Mental health/substance abuse, Physical activity/nutrition, Tobacco use

Behavior/Risk	Allegheny 2008-10	Beaver, Butler 2008-10	PA 2008-10	US 2010	HP 2020 Goal	PA Comp	US Comp	HP 2020 Comp
HEALTHY ENVIRONMENT								
Adults Who Have Ever Been Told They Have Asthma	15.0%	11.0%	14.0%	13.8%		+/-	+/-	
Currently Have Asthma	9.0%	9.0%	10.0%	9.1%		-	-	
INFECTIOUS DISEASE								
Adults Who Had a Pneumonia Vaccine, Age 65 and older	77.0%	76.0%	70.0%	68.8%	90.0%	+	+	-
Ever Tested for HIV, Ages 18-64	32.0%	24.0%	34.0%		18.9%	-		+
MENTAL HEALTH AND SUBSTANCE ABUSE								
Satisfied or Very Satisfied With Their Life	95.0%	96.0%	94.0%			+		
Never/Rarely Get the Social or Emotional Support They Need	7.0%	6.0%	8.0%			+/-		
Mental Health Not Good 1+ Days in the Past Month	34.0%	30.0%	34.0%			-/=		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion)	19.0%	15.0%	17.0%	17.1%	24.4%	+/-	+/-	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	6.0%	4.0%	5.0%			+/-		
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	6.0%	7.0%	6.0%	5.0%		+/=	+	
PHYSICAL ACTIVITY AND NUTRITION								
No Leisure Time/Physical Activity in the Past Month	24.0%	25.0%	25.0%	23.9%	32.6%	-/=	+	-
TOBACCO USE								
Adults Who Reported Never Being a Smoker	54.0%	59.0%	54.0%	56.6%		+/=	+/-	
Adults Who Reported Being a Former Smoker	28.0%	24.0%	26.0%	25.1%		+/-	+/-	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (of adults who smoke daily)	48.0%	32.0%	50.0%		80.0%	-		-
Adults Who Reported Being a Current Smoker	18.0%	18.0%	20.0%	17.3%	12.0%	-	+	+
Adults Who Reported Being An Everyday Smoker	13.0%	14.0%	15.0%	12.4%		-	+	

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Public health data by county

Public Health Data	Allegheny				Trend +/-	Butler				Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2006	2007	2008	2009		2010	2006	2007	2008							
CHRONIC DISEASE																
Breast Cancer Mortality Rate per 100,000	70.3	72.8	79.0	76.1		60.9	74.6	72.9	77.0		71.5	121.9	41.0			
Breast Cancer Mortality Rate per 100,000	14.3	14.4	16.1	12.0	-	18.3	13.7	12.4	11.0		13.1	22.2	20.6			
Bronchus and Lung Cancer Mortality Rate per 100,000	73.2	81.6	79.7	76.8	+	71.3	76.6	63.0	68.8		69.1					
Bronchus and Lung Cancer Mortality Rate per 100,000	57.7	54.5	53.4	52.2	-	54.5	49.3	54.7	49.7		48.7		45.5			
Colorectal Cancer Rate per 100,000	50.6	50.2	47.2	49.5	-	50.5	50.6	50.9	50.9		47.6		38.6			
Colorectal Cancer Mortality Rate per 100,000	19.6	19.1	17.0	15.9	-	13.7	16.0	12.7	14.8		17.0	16.9	14.5			
Ovarian Cancer Rate per 100,000	14.2	12.6	13.7	12.2	-	10.9	10.1	13.1	13.1		13.3					
Ovarian Cancer Mortality Rate per 100,000	10.8	8.5	8.3	9.2	-	8.5	9.5	7.5	7.5		8.1					
Prostate Cancer Rate per 100,000	139.2	165.6	145.0	134.7	+	183.2	186.8	205.0	205.0		139.6					
Prostate Cancer Mortality Rate per 100,000	24.2	22.2	20.3	19.9	-	29.8	21.9	11.1	11.1		21.2	21.9	21.2			
Heart Disease Mortality Rate per 100,000	222.8	210.7	191.5	185.4	-	204.5	184.8	178.7	230.5		185.3	179.1				
Heart Attack Mortality Rate per 100,000	49.6	47.2	40.9	36.2	-	41.5	35.5	29.2	29.0		38.2					
Coronary Heart Disease Mortality Rate per 100,000	162.7	156.4	140.4	135.4	-	137.7	136.6	113.5	115.6		123.0	113.6	100.8			
Cardiovascular Mortality Rate per 100,000	284.8	268.2	243.1	236.4	-	277.6	261.1	239.5	238.7		237.6					
Cerebrovascular Mortality Rate per 100,000	46.7	43.3	38.6	39.2	-	46.0	42.6	39.3	44.0		38.9	39.1	33.8			
Type I Diabetes, Students	0.30%	0.29%	0.32%		+	0.36%	0.37%	0.39%	0.39%		0.30%					
Type II Diabetes, Students	0.08%	0.07%	0.08%		-	0.07%	0.09%	0.08%	0.08%		0.07%					
HEALTHY ENVIRONMENT																
Asthma, Students	11.2%	10.9%	10.9%	4.3%	-	8.2%	8.9%	4.1%	4.1%		6.8%					

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

Public health data by county

Public Health Data	Allegheny					Trend +/-	Butler					Trend +/-	PA (the last year)		US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2006	2007	2008	2009	2010		2006	2007	2008	2009	2010		Rate	Rate					
	Trend +/-						Trend +/-						Rate	Rate					
HEALTHY MOTHERS, BABIES AND CHILDREN																			
Prenatal Care First Trimester		84.2%	85.6%	87.1%	88.8%	+		77.8%	75.6%	81.6%	81.6%	+	71.3%	77.9%					
Non-Smoking Mother During Pregnancy		82.1%	83.0%	83.8%	84.8%	+		84.1%	81.1%	82.4%	82.4%	-	84.1%	98.6%					
Non-Smoking Mother 3 Months Prior to Pregnancy		79.0%	80.1%	80.9%	81.9%	+		81.2%	75.2%	76.9%	76.9%	-	78.2%						
Low Birth-Weight Babies Born		8.6%	8.9%	8.1%	8.0%	-		6.2%	7.8%	7.0%	6.4%	+	8.3%	7.8%					
Mothers Reporting WIC Assistance		31.4%	31.3%	32.1%	31.5%	+		28.0%	28.3%	27.9%	29.1%	+	40.1%						
Mothers Reporting Medicaid Assistance		32.6%	33.6%	32.0%	22.9%	-		15.5%	12.7%	11.6%	9.3%	-	32.7%						
Mothers Who Reported Breastfeeding		62.9%	64.0%	68.5%	68.4%	+		72.3%	70.2%	71.3%	74.5%	-	70.0%	81.9%					
Teen Pregnancy Rate per 1,000, Ages 15-19		40.1	41.7	38.0	36.2	-		18.7	22.3	17.6	19.8	+	35.6	34.2					
Infant Mortality Rate per 1,000		7.7	7.3	8.3	7.4	-		5.9	5.0	5.4	5.4	-	7.3	6.0					
Teen Live Birth Outcomes, Ages 15-19		57.7%	57.1%	59.1%	58.1%	+		72.9%	77.4%	77.2%	67.4%	+	68.0%						
Overweight BMI, Grades K-6					17.4%						15.4%								
Obese BMI, Grades K-6					15.9%						15.1%								
Overweight BMI, Grades 7-12					17.5%						16.6%								
Obese BMI, Grades 7-12					15.0%						16.3%								
Students with Diagnosed ADHD		3.9%	4.0%	4.3%		+		3.5%	3.9%	4.1%		+	5.2%						
Public Health Data																			
INFECTIOUS DISEASE																			
Influenza and Pneumonia Mortality Rate per 100,000		18.4	17.8	16.9	17.3	-		22.1	16.9	16.4	16.4	-	13.4	16.2					
Chlamydia Rate per 100,000		401.3	428.2	403.4	412.1	+		107.7	99	107.7	107.7	+	374.1	426.0					
Gonorrhea Rate per 100,000		177.2	177.6	126.0	134.7	-		18.1	14.8	11.9	16.9	-	101.4						
Syphilis incidence Rate per 100,000		4.4	3.0	2.2	2.6	-							2.9						
MENTAL HEALTH AND SUBSTANCE ABUSE																			
Drug-Induced Mortality Rate per 100,000		16.8	18.6	17.8	18.6	+		10.3	9.6	11.8	11.9	+	15.5	11.3					
Mental & Behavioral Disorders Mortality Rate per 100,000		36.8	36.3	35.4	41.5	+		33.2	39.7	29.7	48.2	+	37.6						
TOBACCO USE																			
Emphysema Mortality Rate per 100,000		3.9	4.3	2.8	4.0	-		7.5	4.6			-	3.0						
INJURY																			
Auto Accident Mortality Rate per 100,000		6.3	6.5	6.2	6.7	+		14.2	13.3	8.9	14.5	-	10.5	11.9					
Suicide Mortality Rate per 100,000		11.0	10.1	10.6	9.8	-		12.0	13.8	11.4	10.6	-	11.7	12.1					
Fall Mortality Rate per 100,000		12.2	8.5	10.0	7.1	-		8.3	6.9	5.4	7.0	-	8.3	8.1					
Firearm Mortality Rate (Accidental, Suicide, Homicide)		11.3	13.1	12.2	11.2	+		8.2	8.1	6.7	7.6	-	10.0	10.1					

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

Other Indicators

	Allegheny			Trend +/-	Butler			Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2010	2011	2012		2010	2011	2012							
Public Health Data ACCESS														
Mammogram Screenings		57.0%	58.0%	+		63.0%	68.0%	+	67.0%		81.1%			
HEALTHY ENVIRONMENT														
Unemployment Rates	5.0%	6.9%	7.7%	+	5.0%	7.1%	7.4%	+	8.7%	8.9%				
High School Graduation Rates	83.0%	83.0%	83.0%	=	87.0%	89.0%	90.0%	+	79.0%		82.4%			
Children Living in Poverty	16.0%	17.0%	16.0%	+	10.0%	10.0%	12.0%	+	19.0%					
Children Living in Single Parent Homes		33.0%	33.0%	=		22.0%	21.0%	-	32.0%					
Number of Air Pollution Ozone Days	22	14	14	-	6	2	2	-	8					
PHYSICAL ACTIVITY AND NUTRITION														
Fast Food Restaurants			47.0%				51.0%		48.0%					

Source: www.countyhealthrankings.org, Centers for Disease Control, www.healthypeople.gov

PRIORITIZATION, STRATEGY DEVELOPMENT and IMPLEMENTATION

Prioritization

The system and hospital-specific steering committees analyzed the data to prioritize needs based on four different criteria: (1) the accountable entity (hospital or community), (2) magnitude of the problem, (3) impact on other health outcomes, and (4) capacity (systems and resources to implement solutions).

Inventory of Community Assets

The Patient Protection and Affordable Care Act requires hospitals to describe how a hospital plans to meet identified health needs as well as why a hospital does not intend to meet an identified need. The assets of the community were inventoried to capture existing healthcare facilities and resources that are helping to address health needs of the community. Information gathered for this asset inventory was maintained and utilized by internal staff when making referrals to community resources.

Process for Strategy Development/Implementation

Following stakeholder prioritization, which included participation by individuals with expertise in public health and representatives of medically underserved populations, and based on the greatest needs related to the health system and hospital's mission, current capabilities, resources and focus areas, top priorities for need intervention were identified. Once priority need areas were identified, strategies to meet these needs were developed.

These strategies were then formulated into a written document for approval by the governing body in accordance with IRS guidelines.

The AGH implementation strategies address the following health conditions:

- heart disease and high blood pressure
- heart attack, congestive heart failure, pneumonia, and/or multiple chronic conditions/medications among Medicare patients
- diabetes
- breast, lung and colon cancers

Strategies to address these needs include but are not limited to community education, outreach and health screenings; physician outreach and training; and programs to help patients navigate the continuum of care.

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The Allegheny General Hospital 2012/2013 Community Health Needs Assessment can be viewed online at: www.wpahs.org